

DOCUMENT RESUME

ED 386 002

EC 304 204

AUTHOR Kysor, Daniel F.
TITLE Child and Adolescent Service System Program: A Multi-Systems Approach to Service Delivery for Students with Mental Health Needs.
PUB DATE [Mar 95]
NOTE 33p.; Paper presented at the Annual Convention of the National Association of School Psychologists (27th, Chicago, IL, March 21-25, 1995).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Adolescents; *Agency Cooperation; Children; Coordination; *Delivery Systems; Eligibility; *Emotional Disturbances; Institutional Cooperation; *Integrated Services; *Mental Health Programs; Referral; Teamwork
IDENTIFIERS *Child and Adolescent Service System Program; *Pennsylvania

ABSTRACT

The service delivery model of the Pennsylvania Children and Adolescent Service Systems Program (CASSP) is explained, and the 1983 federal initiative that launched this system is discussed. The federal CASSP initiative was developed to improve systems of care to ensure that the underserved population of children and adolescents with severe emotional disturbances had access to and received a range of services to meet their multiple needs. The goal of the initiative was to develop, at the local level, a well-coordinated system of care. The following materials from the Pennsylvania CASSP are provided: examples of completed interagency team service plans; brochures describing CASSP and family-based mental health services of Pennsylvania; eligibility and referral procedures; a referral form; a release of information form; a form to provide summaries of the child's background and mental health problems; a description of the Potter County Human Services CASSP; a list of values and principles for the system of care; and a list of components of the system of care, including mental health services, social services, educational services, health services, vocational services, recreational services, and operational services. Contains eight references. (SW)

* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *

EC

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☒ This document has been reproduced as
received from the person or organization
originating it.
☐ Minor changes have been made to improve
reproduction quality.

• Points of view or opinions stated in this docu-
ment do not necessarily represent official
OERI position or policy.

CASSP

1

ED 386 002

Child and Adolescent Service System Program: A Multi-Systems Approach to
Service Delivery for Students with Mental Health Needs

Daniel F. Kysor

Seneca Highlands Intermediate Unit

Coudersport, PA

and

Department of Counselor Education and Educational Psychology

Mississippi State University

PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

D. Kysor

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)

Running Head: CASSP

BEST COPY AVAILABLE

2

EC304204

Abstract

The Pennsylvania Children and Adolescent Service Systems Program (CASSP) Service Delivery Model is presented with purposes, goals, roles, and results of this Inter-Agency process highlighted. An historical overview of the 1983 Federal Initiative that launched this system is provided. The operational success of a County level program is presented and the roles of the Inter-Agency Team Members are discussed. The importance and necessity of multi-systems approaches to service delivery to most appropriately meet the needs of children and adolescents is discussed.

BACKGROUND

In December 1983, the National Institute of Mental Health officially launched a new National Initiative to address the needs of severely emotionally disturbed children and adolescents (NIMH, 1983). The new initiative, called CASSP - The Child and Adolescent Service System Program was developed because it had been duly noted and recognized that severely emotionally disturbed youth were a grossly underserved portion of the population. That is, fewer children and adolescents than adults with serious mental health problems were receiving appropriate and comprehensive care for their identified problems.

ASSUMPTIONS

The Federal CASSP Initiative was based on two assumptions. First, children and adolescents with serious emotional problems were underserved due to the long-term lack of attention and resources given to their mental health needs. Second, this population required services from a variety of agencies and systems which were often fragmented and uncoordinated (NIMH, 1983). That is, no comprehensive system of care was available for children and adolescents that delivered a full range of mental health and human services in a coordinated fashion. The developers of the initiative felt that improved systems of care were needed at all levels, including federal, state, and local, to insure that this grossly underserved population of severely emotionally disturbed children and adolescents had access to and received the whole range of appropriate services necessary to meet their multiple needs.

It was estimated that of all the children and adolescents in the United States needing mental health services, nearly 3 million were seriously

disturbed (Knitzer, 1982). Knitzer (1982) further reported that two-thirds of this group do not get the services they needed and that many also received inappropriate or excessively restrictive care. Prior to 1983, Knitzer reported that very few agencies, including Mental Health, Child Welfare, Juvenile Justice, and Education, were working together in a shared way, on behalf of disturbed children and adolescents.

GOALS OF CASSP

As an ultimate goal, the Federal CASSP Initiative encouraged local and community level development of a continuum of Mental Health services in conjunction with other supportive services for seriously disturbed children and adolescents. The organization of these services is to be a well coordinated system of care. The system of care is child-centered with the needs of the child and family dictating the types and mix of services provided. As well, the care system should be community-based with the services, management, and decisionmaking responsibility resting at the community or local level (Stroul & Friedman, 1986).

Friesen & Koroloff (1990) noted that efforts to develop community based systems of care for children experiencing emotional and behavioral problems have been limited, even though the Federal CASSP Initiative was developed in 1983. They cited several contributing factors to this limitation including individual focus, failure to utilize informal networks of churches, neighbors, and friends, and overall emphasis on mental health services. Collins & Collins (1994) suggested that when working with individuals and families with an emotionally disturbed child that professionals must view the

child and family as part of the larger ecosystem and look for supporting networks in the community. It is only in this way that the goal of integrated, coordinated, community-based systems of care can be utilized to effect significant changes in current mental health service delivery systems. Such systems level changes require that the goals of integration and coordination include joint system planning, joint financing of services, and collaborative programming from the state level through the community level (Burchard & Clark, 1990; Duchnowski & Friedman, 1990; and Friesen & Koroloff, 1990).

PRESENT STATUS OF CASSP

Since the first 10 state CASSP programs were funded during the summer of 1984, many other state-level and foundation supported programs have surfaced. Each of these Child and Adolescent Service System Programs are committed to philosophical and strategic systems changes. CASSP was developed to facilitate the development of multi-agency, coordinated, community-based systems of care, advocating a comprehensive spectrum of mental health, child welfare, special education, juvenile justice, and other services - provided in an organized network to meet children's multiple needs (Collins & Collins, 1994).^{*} The system of care represents not only a network of service components but a philosophy about the way that services should be delivered, according to Stroul and Friedman (1986). The guiding principles of CASSP suggest that the care of children and youth with serious mental illness should be individualized, least restrictive, and provided in the most normative environment possible. The services should also be integrated and coordinated with Case Management provided to ensure that the multi-systems services

approach enables the child/children to move through the system yet change to meet their needs. And, as in many other settings, the families of the emotionally disturbed child are full and equal participants in the planning and delivery of CASSP services.

While CASSP has been successful in addressing various and sundry problems and situations that were not addressed previously, such as which agency is responsible for what costs, funding to provide the level of intensive, community-based services that some youngsters require has not been available. So, while many local CASSP systems seek out local alternatives to residential settings, approved private schools, and other out-of-the-home settings, many communities, including the rural settings familiar to this psychologist, continue to be limited in available alternatives.

REFERENCES

- Burchard, J., & Clarke, R. (1990). The role of individualized care in a service delivery sytem for children and adolescents with severely maladjusted behavior. The Journal of Mental Health Administration, 17, 48-60.
- Collins, B., & Collins, T. (1990). Parent-professional relationships in the treatment of seriously emotionally disturbed children and adolescents. Social Work, 35, 522-527.
- Collins, B., & Collins, T. (1994). Children and adolescent mental health: Building a system of care. Journal of Counseling & Development, 72, 239-243.
- Duchnowski, A., & Friedman, R. (1990). Children's mental health: Challenges for the nineties. The Journal of Mental Health Administration, 17, 3-12.
- Friesen, B., & Koroloff, N. (1990). Family-centered services: Implications for mental health administration and research. The Journal of Mental Health Administration, 17, 13-25.
- Knitzer, J. (1982). Unclaimed children. Washington DC: Children's Defense Fund.
- National Institute of Mental Health (1983). Program announcement. Child and Adolescent Service System Program.
- Stroul, B., & Friedman, R. (1986). A system of care of severely emotionally disturbed children and youth. Washington, DC: National Institute of Mental Health.

CASSP INTERAGENCY TEAM SERVICE PLAN

Staffing Date 1/24/95 Initial or Review I Next Review Begin of May '95
 Child's Name [REDACTED] Age 17 School & Grade Senior

Presenting Problem: [REDACTED] living at Mom's home on "trial basis"; coming from J. care in [REDACTED]. Educational needs had not been met and behavioral problems were surfacing re: interactions of teachers, homework

Child/Family Strengths: [REDACTED] educational needs are currently being addressed. Behaviors appear to be diminishing, since educational services have been provided.

Agencies [REDACTED]
 CYS [REDACTED] JPO [REDACTED] D & A [REDACTED] IU [REDACTED] MH [REDACTED] CMH [REDACTED] MR [REDACTED]
 School [REDACTED] (Specify) Other [REDACTED] Other [REDACTED]

OBJECTIVES ACTIONS (How to be accomplished & by whom) TIME FRAME

To explore & clarify [REDACTED] Voc Rehab ASAP
 transitional & [REDACTED] + will get back to issues

[REDACTED] discussing issues re: graduation, transition etc. w/ the appropriate persons

SAP to continue to work w/ [REDACTED] at school on a weekly basis

[REDACTED] to provide SAP counseling

ongoing

OBJECTIVES

ACTIONS (How to be
accomplished & by whom)

TIME FRAME

7 B MHS to put
[redacted] on waiting
list

ongoing

ongoing

To consider ICM
case management
or family counseling
services for family

Mrs. [redacted]
to follow up on [redacted] ASAP
to MHC clinic

Service Plan & Confidentiality Signatures

As a participant on the CASSP Interagency [redacted] and in the development of the above service plan, I pledge to safeguard all information including history, diagnosis, and treatment of consumers that I become aware of through this process. Furthermore, I understand that consumer confidentiality is protected by State and Federal laws, and that any violation of confidential information could result in prosecution under these laws.

[redacted]
Child

Mental Retardation
[redacted]

[redacted]
Parent/Guardian

Attention: Your signature(s) here
constitutes agreement with the service
plan developed by the CASSP Team.

Children & Youth
[redacted]

Drug & Alcohol
[redacted]

Probation
[redacted]

Intermediate Unit
[redacted]

Potter County, Human Services MH
[redacted]

Elementary or High School
[redacted]

Community Mental Health
[redacted]

Other Participant
[redacted] 1/24/95

CASSP
[redacted]

Other Participant
[redacted]

Additional comments RE: Service Plan, or other information:

CASSP INTERAGENCY TEAM SERVICE PLAN

Staffing Date 1/10/95 Initial or Review R Next Review March 95

Child's Name _____ Age 15 School & Grade 8th

Presenting Problem: Lack of motivation; "Acting out" in school as well as "pushing the limits" in a variety of settings.

Child/Family Strengths: Positive family contact; Mom has been an active participant in treatment planning

Agencies currently involved:

CYS ☒ JPO ☒ D & A ☐ IU ☒ MH ☐ CMH ☐ MR ☐

School _____ (Specify) _____ Other ITP Other _____

OBJECTIVES

ACTIONS (How to be accomplished & by whom)

TIME FRAME

To set up b. manag. plan for

Probation
School
ITP
pts.
to participate

Fri. AM - 9:00

To discuss medication changes for up

W/ in
a week

OBJECTIVES

ACTIONS (How to be
accomplished & by whom)

TIME FRAME

To discuss case management services thru CYS + possibility of continuation after discharge from Probation

Check on referral to Alt. Ed. Program

to discuss w/

to contact

ASAP

w/in 1 WEEK

Service Plan & Confidentiality Signatures

As a participant on the CASSP Interagency Team and in the development of the above service plan, I pledge to safeguard all information including history, diagnosis, and treatment of consumers that I become aware of through this process. Furthermore, I understand that consumer confidentiality is protected by State and Federal laws, and that any violation of confidential information could result in prosecution under these laws.

Child _____

Mental Retardation _____

Parent/Guardian _____

Attention: Your signature(s) here constitutes agreement with the service plan developed by the CASSP Team.

Children & Youth _____

Drug & Alcohol _____

Probation _____

IM/SSI
Intermediate Unit _____

Potter County Human Services MH _____

Elementary or High School _____

Community Mental Health _____

Other Participant (CB) _____

CASSP _____

Other Participant ^{mt - tip} _____

Additional comments RE: Service Plan, or other information:

CASSP INTERAGENCY TEAM SERVICE PLAN

Staffing Date 1/25/95 Initial or Review R Next Review end of March 1995

Child's Name _____ Age 10 School & Grade 10th grade

Presenting Problem: Depression; Suicidal Ideation;
Difficulty getting along at home.

Child/Family Strengths: Are interested in having at home.
Feel that has made an effort to have
returned home; Functions well in school
behaviorally + academically.

Agencies currently involved:

CYS _____ JPO _____ D & A _____ IU _____ MH ☒ CMH ☒ MR _____

School _____ (Specify) _____ Other _____ Other _____

OBJECTIVES

ACTIONS (How to be accomplished & by whom)

TIME FRAME

To have
return home but w/
Review ~~at~~ 30 day
in increments until
confidence is achieved
by family
To try to
obtain 2 week
delay in discharge
from

Parents in
agreement w/
return;
FBMHS to facilitate
review

upon discharge
Feb 1995

to call

after 1 week

OBJECTIVES

ACTIONS (How to be
accomplished & by whom)

TIME FRAME

7 BMHS for
family counseling

to consider
1st of March
or ASAP

March 1st
or ASAP

Service Plan & Confidentiality Signatures

As a participant on the CASSP Interagency Team and in the development of the above service plan, I pledge to safeguard all information including history, diagnosis, and treatment of consumers that I become aware of through this process. Furthermore, I understand that consumer confidentiality is protected by State and Federal laws, and that any violation of confidential information could result in prosecution under these laws.

Child

Mental Retardation

Parent/Guardian

Attention: Your signature(s) here
constitutes agreement with the service
plan developed by the CASSP Team.

Children & Youth

Drug & Alcohol

Probation

Intermediate Unit

Potter County Human Services MH

Elementary or High School

Community Mental Health

Other Participant

CASSP

Other Participant

Additional comments RE: Service Plan, or other information:

CASSP INTERAGENCY TEAM SERVICE PLAN

Staffing Date 1/10/95 Initial or Review R Next Review 1 month - end of Feb.
 Child's Name _____ Age 15 School & Grade 9th grade

Presenting Problem: Suicidal ideation; ADHD; difficulty staying on-task at school; peer relationships

Child/Family Strengths: Adoptive parents actively involved + participating in plans

Agencies currently involved:

CYS _____ JPO _____ D & A _____ IU _____ MH ☒ CMH ☒ MR _____

School _____ (Specify) Other YS MHS Other _____

OBJECTIVES

ACTIONS (How to be accomplished & by whom)

TIME FRAME

To discuss medications + stabilization for at the	to call Dr. to discuss	ASAP
To set up Respite Care structure, to be in place, pending discharge	HSP to provide respite to facilitate	when appropriate
+ Partial Hospitalization - continue to explore	15 to contact	

OBJECTIVES

ACTIONS (How to be
accomplished & by whom)

TIME FRAME

To explore possibility of continued contact w/ w/ at the	to discuss	w/in Month
FBMHS - remaining available for family until discharge	to remain available for family	ongoing
Service Plan & Confidentiality Signatures		

As a participant on the CASSP Interagency Team and in the development of the above service plan, I pledge to safeguard all information including history, diagnosis, and treatment of consumers that I become aware of through this process. Furthermore, I understand that consumer confidentiality is protected by State and Federal laws, and that any violation of confidential information could result in prosecution under these laws.

Child

Mental Retardation

Parent/Guardian

Attention: Your signature(s) here
constitutes agreement with the service
plan developed by the CASSP Team.

Children & Youth

Drug & Alcohol

Probation

Intermediate Unit

1A/SSI

Potter County Human Services MH

Elementary or High School

Principal

Community Mental Health

Other Participant

CASSP

Other Participant

Additional comments RE: Service Plan, or other information:

We, as a CASSP Team, support the
criteria for discharge - 3 weeks of stable
behavior + successful 10 day home visit - and expect
adherence to this criteria for discharge to occur.

Other services may include:

- crisis intervention and stabilization
- skill development (e.g., behavior management, parenting, problem solving)
- individual and family therapy
- relief services (e.g., babysitters, homemakers, respite care)
- supportive services (e.g., transportation, recreation)
- coordination and collaboration with other service systems
- referrals to other community services

The frequency of visits will depend on the needs of the family and may involve one to six visits a week. In order to accommodate to family schedules, many of the services are provided during "non-traditional" hours (e.g., evenings and weekends) as well as during the day. Crisis services are available 24 hours a day.

How Much Does It Cost?

There are no fees to families who participate in the Family-Based Mental Health Services program. This service is reimbursable by Medical Assistance and third party insurers.

Who Provides The Service?

Family-Based Mental Health Services are provided by private agencies or County Mental Health/Mental Retardation Programs. Please see the back page of this brochure for the name of the organization providing this service in your County.

17

For more information about Family-Based Mental Health Services available in your County please contact:

Family Based Mental Health Services
Charles Cole Memorial Hospital
Route 6, East
Coudersport, PA 16915
814-274-0350

The Family-Based Mental Health Services program is being supported by the Office of Mental Health, Department of Public Welfare, Commonwealth of Pennsylvania.

Robert Casey, Governor

Karen F. Snider, Secretary
Department of Public Welfare

Ford S. Thompson, Jr., Deputy Secretary
Office of Mental Health

Connie Dellmuth, Director
Bureau of Children's Services
Office of Mental Health

The Family-Based Mental Health Services program provides services without regard to race, sex, creed, national origin, age or handicap.

BEST COPY AVAILABLE

Family-Based Mental Health Services of Pennsylvania



18

What Are Family-Based Mental Health Services?

The Family-Based Mental Health Services program assists families in caring for children or adolescents with emotional problems. The program's philosophy is that children grow up best in their own homes. It is designed to prevent hospitalization or residential placement of a child or adolescent, and to reunite families with children who have already been removed from their homes for treatment. An essential aspect of the Family-Based program is the emphasis on families as partners and resources in treatment.

The Family-Based program uses an intensive approach, available 24 hours a day, 7 days a week, designed to maintain and strengthen the family unit. This program recognizes that children and families are not isolated, but are part of a complex network of school, friends and community. Services are, therefore, oriented to assisting children in receiving maximum benefit from school and community activities, and helping families access community resources. For families involved with other systems (e.g., education, children and youth, drug and alcohol, juvenile justice) the program seeks to ensure that all services are coordinated.

Treatment teams, consisting of two mental health professionals, provide services directly in the home. Since the family is its own greatest resource, therapists work with the child or adolescent and other family members to guide them toward identifying their strengths and meeting their own needs, as well as the needs of the family as a whole.



Parent and child participation in all service planning decisions is critical. As part of the program, each family works with the therapists to set goals for improving coping capacities, life skills, problem solving, management of stress and overall parenting skills. Since the services are delivered in the home, the therapist can work with the family in their own environment, identify family strengths and needs, and develop strategies as basic as arranging for babysitting or as complex as helping to obtain an appropriate school placement for the child. An underlying philosophy of "whatever it takes" dictates that treatment plans are highly individualized and tailored to each family's own unique situation.

In sum, professionals work in partnership with parents to strengthen the family so that they can care for their emotionally troubled youngster at home.

Who Is Eligible?

This program is designed for families

- with children or adolescents (0-21) who have serious emotional or behavioral problems
- with children or adolescents where there is a risk of psychiatric hospitalization or residential placement
- with adult members in the home agreeing to participate in the program
- who are registered with their local Base Service Unit or mental health center

Other child care systems involved with the child or adolescent (e.g., special education, children and youth, drug and alcohol, juvenile justice) must also agree that this Family-Based service is needed and participate in the development of the child and family's treatment plan.

What Services Are Provided?

The two person mental health team will provide each family with a wide array of services individually designed to meet their unique needs and potential. Every child or adolescent and their family will receive a comprehensive assessment to determine strengths and needs. Records from other agencies will be requested with the family's written consent. From this assessment, a treatment/service plan will be developed. Family members will be expected to actively participate in the assessment and treatment planning process, and to work with the team in jointly developing treatment goals.

*Child and Adolescent
Service System Program*

*The CASSP Interagency Team looks
forward to serving Potter County children,
adolescents and families!*



For more information about CASSP
or to make a referral to the
program, please contact:

ELLEN R. SHINN
CASSP COORDINATOR

POTTER COUNTY HUMAN SERVICES
P.O. BOX 71
227 NORTH MAIN STREET
COUDERSPORT, PA 16915

TELEPHONE: 814-274-7193
TOLL FREE: 800-800-2560

CASSP

*Child and Adolescent
Service System Program*

*Mental Health services for children
A multi-systems approach*

*CASSP services include the
following components:*

*Child-Centered and Family Focused
Parents as Partners
Cultural Competence
Multi-system Decision Making*

POTTER COUNTY HUMAN SERVICES
P.O. BOX 71
227 NORTH MAIN STREET
COUDERSPORT, PA 16915
814-274-7193

CASSP provides services without
regard to race, sex, creed, national
origin, or handicap.

■ WHAT IS CASSP?

CASSP stands for Child and Adolescent Service System Program.

The goal of CASSP is to improve the way services are provided to children with serious emotional or mental health needs. CASSP services are built on child/family strengths, and support services are offered within the local community whenever possible. **CASSP emphasizes that no one system or family member is responsible for all solutions.**

■ THE CASSP PROGRAM IN POTTER COUNTY:

CASSP started as a federal initiative in 1985. The program began in Potter County in July of 1992.

CASSP is funded by the PA Department of Public Welfare, Office of Mental Health.

The Potter CASSP Interagency Team meets twice a month to discuss cases that may benefit from interagency team review and coordination.

Regular team members include: Children and Youth, Juvenile Probation, Intermediate Unit 9, Family Based Mental Health Services, Mental Health, Mental Retardation, Drug and Alcohol Services, and the child's school district. **The child's parents are also a very important part of the team planning process.**

■ WHO IS ELIGIBLE FOR CASSP?

To be eligible for CASSP, a child or adolescent (under the age of 21) must meet the following criteria: **have a mental health diagnosis and be involved in more than one of the child-serving systems.** Must also either **have had a prior psychiatric hospitalization, or be "at risk" for out-of-home placement.**

■ WHAT SERVICES DOES CASSP PROVIDE?

The focus of CASSP meetings is **joint problem solving**, and working together to **develop an individual service plan** for every child staffed.

The CASSP planning process gives family members and agencies an opportunity to meet other persons involved with the child, and to **coordinate their service efforts.**

When children require specialized mental health services, the CASSP Team may be able to **access other types of funding** and/or assistance.

Other **educational and social service programs** (such as Family Based Mental Health Services), **also use CASSP as their interagency planning team.**

In addition, the CASSP Coordinator serves as a **liaison** between Potter County Human Services and the 5 Potter County school districts.

■ HOW ARE CASSP REFERRALS MADE?

Agency or school representatives can refer children to CASSP by completing a **CASSP referral packet.** Referral packets are available from the CASSP Coordinator at Potter County Human Services (see back for address and telephone).

Once a child has been referred to the program, the CASSP Coordinator schedules an appointment for the Interagency Team to discuss the case at the earliest possible date.

■ WHAT FOLLOW-UP IS PROVIDED?

The CASSP Coordinator continues to help **facilitate coordination between agencies** and others involved with the child, **after the interagency team meeting has been held.**

Follow-up reviews on each case are scheduled as needed, for as long as the child remains in the CASSP system.

■ There is no charge for the provision of CASSP Interagency Team services to Potter County families, agencies or school districts.

CASSP INTERAGENCY TEAM REVIEWS
(ELIGIBILITY AND REFERRAL PROCESS)

The Potter County Child and Adolescent Service System Program (CASSP) is a multi-system, team approach to coordination and decision making for children or adolescents with specific mental health needs. The eligibility requirements for CASSP are outlined below.

The CASSP process provides an opportunity for the key agencies, individuals and family members who are providing services to emotionally disturbed children to meet and jointly develop a plan which addresses the needs of the child and his/her family.

Regular members of the Potter County CASSP Team include representatives of the following child serving systems: Juvenile Probation, Intermediate Unit 9, Children and Youth, Mental Health/Mental Retardation and Drug and Alcohol; the child's parents; and the child's school. Other relevant agencies or individuals are also included. The CASSP Team has monthly or, if necessary, bi-monthly meetings to discuss cases which are referred for review.

TO BE ELIGIBLE for a CASSP Interagency Team review, a child or adolescent must meet the following criteria:

- Clients must have a mental health diagnosis and be involved in 2 or more of the Potter County child-serving systems. They must also either have had a prior psychiatric hospitalization, or be at risk for out-of-home placement.
- Children who are "Cordero Class" members may also receive CASSP services. This includes special-needs students who can not be appropriately educated in a public school setting, and whose needs; therefore, appear to require an interagency response.

* * * * *

TO REFER a child/adolescent to CASSP, the following procedure should be used:

1. **The Referring Individual or Agency:**

- ♦ a. Explains CASSP to family.
- ♦ b. Has parents sign CASSP Release of Information.
- ♦ c. Completes the CASSP Referral and Case Summary forms and forwards these, along with a signed Release of Information, to CASSP Coordinator.
- ♦ d. Informs CASSP Coordinator of any additional persons (besides regular CASSP Team members) who should be invited to CASSP Interagency Team staffing.

2. **The CASSP Coordinator:**

- ♦ a. Schedules a meeting date for the requested staffing, after receipt of the completed CASSP referral and signed Release.
- ♦ b. Notifies CASSP Team members, parents, and other relevant individuals of the staffing.
- ♦ c. Facilitates CASSP Interagency Team staffing and the development of the service plan.
- ♦ d. Forwards copies of the service plan to appropriate persons, initiates follow-up, and schedules subsequent case reviews, as is appropriate.

If you have any questions regarding the above, please contact Ellen Shinn, CASSP Coordinator, at Potter County Human Services, 227 N. Main St. P.O.Box 71, Coudersport, PA 16915; Telephone: 814-274-7193; or 800-800-2560. (1/95)

PSYCHIATRIC DIAGNOSIS: _____
(Must be provided for CASSP Referral)

PLEASE CHECK AND COMPLETE ALL THAT APPLY:

___ ADJUDICATED DEPENDENT (C&Y CASEWORKER: _____)
___ ADJUDICATED DELINQUENT (PROBATION OFFICER: _____)
___ CURRENT MEDICATIONS: _____
___ DIAGNOSTIC TESTING: _____
___ DRUG AND/OR ALCOHOL PROBLEMS: _____
___ FAMILY HISTORY OF ABUSE: _____
___ MEDICAL DIAGNOSIS: _____
___ MEDICAL PROBLEMS: _____
___ PREVIOUS MENTAL HEALTH PROBLEMS: _____
___ PRIOR OUT-OF-HOME PLACEMENTS (WHERE: _____
_____ WHEN: _____)
___ PROBLEMS IN SCHOOL: _____
___ SPECIAL EDUCATION PROGRAM: _____
___ OTHER: _____

PLEASE CHECK AGENCIES INVOLVED:

___ CHILDREN AND YOUTH SERVICES OTHER _____
___ DRUG AND ALCOHOL SERVICES OTHER _____
___ EDUCATION ___ INTERMEDIATE UNIT OTHER _____
___ JUVENILE PROBATION
___ MENTAL HEALTH ___ MENTAL RETARDATION

IN YOUR OPINION, IS THE CHILD/ADOLESCENT AT FUTURE RISK FOR ANY OF THE FOLLOWING?:

___ IN-PATIENT HOSPITALIZATION ___ ADJUDICATION OF DELINQUENCY
___ OUT-OF-HOME PLACEMENT ___ SCHOOL EXPULSION OR DROPPING OUT
___ SUICIDAL BEHAVIOR ___ DRUG OR ALCOHOL DEPENDENCY

CASSP
INTERAGENCY CHILDREN'S TEAM
REFERRAL FORM

DIRECTIONS:

Please complete referral form and forward it to:

Ellen R. Shinn
CASSP Coordinator
Potter County Human Services
P.O. Box 71
Coudersport, PA 16915
(814) 274-7193

NAME: _____ FATHER: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE#: _____ MOTHER: _____

DATE OF BIRTH: _____ ADDRESS: _____

SEX: _____

SCHOOL: _____ STEP/FOSTER PARENT(S) _____

GUIDANCE COUNSELOR: _____ ADDRESS _____

GRADE: _____

REFERRING AGENCY: _____

REASON FOR REFERRAL TO CASSP TEAM (Presenting Problem) _____

FAMILY'S CURRENT LIVING SITUATION: _____

OTHER RELEVANT INFORMATION: _____

ANTICIPATED OUTCOME OF THE INITIAL CASSP STAFFING: _____

SIGNATURE OF REFERRAL

27

DATE

C.A.S.S.P.

CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM

RELEASE OF INFORMATION FORM

I, _____, hereby authorize the exchange of written and verbal information regarding _____, D.O.B. _____, among the five (5) agencies who make up the CASSP Interagency Children's Team and any additional agencies listed below:

ALCOHOL AND DRUG ABUSE SERVICES, INC.

CHARLES COLE MEMORIAL HOSPITAL DEPARTMENT OF COMMUNITY MENTAL HEALTH
INTERMEDIATE UNIT #9

POTTER COUNTY HUMAN SERVICES COMPRISED OF: CHILDREN AND YOUTH SERVICES;
DRUG AND ALCOHOL SERVICES; MENTAL HEALTH; MENTAL RETARDATION; COORDINATED
SERVICES; AGING.

POTTER COUNTY JUVENILE PROBATION OFFICE

SCHOOL DISTRICT _____ SCHOOL _____

OTHER _____

OTHER _____

The Children and Adolescent Service System Program (CASSP) is a program which coordinates and facilitates services for emotionally disturbed child and adolescents, or those with special needs.

I acknowledge that I have been informed of the nature and purpose of the CASSP Interagency Children's Team and that this release is for the purpose of service planning and information sharing at an Interagency Team Meeting to be held on _____; follow-up; and case reviews.

I further understand that this release of information for CASSP Services is valid for one year and I may revoke this permission at any time prior to the expiration date of _____, by providing written notification to the CASSP Coordinator.

SIGNATURE of CHILD, IF AGE 14 OR OVER: _____

DATE: _____

SIGNATURE of PARENT(S) /LEGAL GUARDIAN: _____

DATE: _____

CASSP INTERAGENCY TEAM--CASE SUMMARY INFORMATION

REFERRING AGENCY--please submit this summary to the CASSP Coordinator prior to the initial CASSP staffing, and prior to subsequent reviews of the case. This format should also be used when you give a brief (5 minutes or less) verbal presentation of the case to the CASSP Interagency Team.

Initial Referral Date_____Current Date_____

Child's Name_____Age_____

School District_____Grade_____

Special Education Placement_____

Mental Health Diagnosis_____

Agencies involved_____

General information known about family (i.e., resides with.....; whereabouts of natural parents with whom child does not reside; # of siblings; any serious family health or mental health problems; family D&A abuse; etc.)

School Progress (only summary information is needed; i.e., # of subjects failed or failing; behavior in school; relationship with peers; etc.)

Briefly describe other major problems child is currently experiencing in the home or community (i.e., stealing; violence; fire setting; suicide attempts; etc.)

What are the child/family's strengths on which services may be built?

Why is this child being referred to CASSP? (Is there anything specific that you hope to accomplish through this CASSP staffing.)

POTTER COUNTY HUMAN SERVICES--CASSP PROGRAM

WHAT IS CASSP?

CASSP stands for Child and Adolescent Service System Program. It is a multi-systems approach to planning, coordinating and developing programs for children and adolescents with mental health needs.

WHAT IS THE HISTORY OF CASSP?

CASSP began as a federal initiative in 1985. At that time, Pennsylvania was awarded a CASSP Grant to develop a system of care that would improve the way services are delivered to children and adolescents with, or at-risk for developing, serious mental or emotional disorders.

The CASSP Model approaches this task primarily through facilitating the collaboration and cooperation of local agencies with shared clients, and by considering the child's parents as equal partners in this process. CASSP services are built upon child/family strengths, and priority is given to providing services at the nearest to home, and least restrictive setting possible.

In PA, CASSP is also guided by specific values for the delivery and development of services. The four major CASSP values for PA are:

- Child-Centered and Family Focused
- Parents as Partners
- Cultural Competence
- Multi-system Decision Making

THE CASSP PROGRAM IN POTTER COUNTY:

The Potter County CASSP Program began in July, 1992 and is funded by the PA Department of Public Welfare, Office of Mental Health.

Much of the work of CASSP occurs in bi-monthly meetings of the Potter County CASSP Interagency Team. Regular members of this Team include: **Juvenile Probation, Children and Youth, Intermediate Unit 9, Family Based Mental Health Services, Mental Health, Mental Retardation, and Drug and Alcohol.** Also encouraged to attend are the child's parents, the local school district, and other key agencies or individuals. CASSP meetings are facilitated by the Potter County CASSP Coordinator.

SPECIFICALLY, WHAT TYPES OF SERVICES CAN CASSP PROVIDE?

The focus of CASSP meetings is joint problem solving and collaboration by all meeting participants, and results in the development of **individualized service plans** for each child presented for CASSP Interagency Team staffing.

The CASSP Team is also the mechanism for obtaining medical assistance **wrap-around-services** or **MH Residential Services** for children who require specialized mental health services. In addition, all **Family Based Mental Health Services** referrals and

Cordero class members are to be reviewed by the CASSP Team.

Moreover, CASSP Interagency Team Meetings provide an opportunity for agencies and family members to meet other persons involved with the child, to coordinate their service efforts, and to reinforce that no one system is responsible for all solutions.

WHAT IS THE RELATIONSHIP BETWEEN CASSP AND THE SCHOOL SYSTEM?

The CASSP Coordinator also acts as a liaison between school districts serving Potter County children and adolescents, and Potter County Human Services. This includes participating in the Potter County Student Assistance Programs and SAP Coordination Team, and serving as a resource for Instructional Support Teachers.

WHO IS ELIGIBLE FOR CASSP?

To be eligible for CASSP, a child or adolescent (under the age of 21) must meet the following criteria: Clients must have a mental health diagnosis and be involved in more than one of the child-serving systems. They must also either have had a prior psychiatric hospitalization, or be "at risk" for out-of-home placement. (Special education students who qualify as "Cordero Class Members", and Family Based Mental Health Services referrals are also eligible for CASSP.)

HOW ARE CASSP REFERRALS MADE?

Agency or school representatives can refer clients to CASSP through the following referral process:

The referral source completes a CASSP referral form and forwards it, along with a signed CASSP Release, to the CASSP Coordinator. (It is the responsibility of the Referral Source to explain CASSP to the parents or guardians, and obtain appropriate Releases.) The CASSP Coordinator then schedules a meeting regarding the child referred, and also notifies the parents and other systems involved of the meeting date.

Referral packets are available from the CASSP Coordinator.

WHAT FOLLOW-UP IS PROVIDED ON CASES REFERRED TO CASSP?

After the CASSP Team develops a service plan that outlines the responsibilities of the various participants, the CASSP Coordinator sends copies of the plan to the appropriate persons.

Each agency or individual who agrees to participate in the CASSP plan also assumes responsibility for following through with providing services to this child and family. However, the CASSP Coordinator continues to help facilitate coordination among agencies who are involved with each CASSP child.

Follow-up case reviews are scheduled periodically, for as long as the child remains in the CASSP system.

* * * * *

On behalf of the CASSP Interagency Team, we look forward to serving Potter County children and their families.

VALUES AND PRINCIPLES FOR THE SYSTEM OF CARE

CORE VALUES

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
2. The system of care should be community based, with the locus of services as well as management and decision making responsibility resting at the community level.
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.

GUIDING PRINCIPLES

1. Children with emotional disturbances should have access to a comprehensive array of services that address the child's physical, emotional, social, and educational needs.
2. Children with emotional disturbances should receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
3. Children with emotional disturbances should receive services within the least restrictive, most normative environment that is clinically appropriate.
4. The families and surrogate families of children with emotional disturbances should be full participants in all aspects of the planning and delivery of services.
5. Children with emotional disturbances should receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing, and coordinating services.
6. Children with emotional disturbances should be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
7. Early identification and intervention for children with emotional disturbances should be promoted by the system of care in order to enhance the likelihood of positive outcomes.
8. Children with emotional disturbances should be ensured smooth transitions to the adult service system as they reach maturity.
9. The rights of children with emotional disturbances should be protected, and effective advocacy efforts for children and youth with emotional disturbances should be promoted.
10. Children with emotional disturbances should receive services without regard to race, religion, national origin, sex, physical disability, or other characteristics, and services should be sensitive and responsive to cultural differences and special needs.

From

A System of Care for Children and Youth with Severe Emotional Disturbances

Beth A. Stovall, M.Ed.
CANS Technical Assistance Center
Center for Child Health and Mental Health Policy
Georgetown University Child Development Center

Robert M. Friedman, Ph.D.
Research and Training Center for Children's Mental Health
Florida Mental Health Institute
University of South Florida

July 1996
Revised Edition

Funded by the Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration

COMPONENTS OF THE SYSTEM OF CARE

1. MENTAL HEALTH SERVICES

- Prevention
- Early Identification & Intervention
- Assessment
- Outpatient Treatment
- Home-Based Services
- Day Treatment
- Emergency Services
- Therapeutic Foster Care
- Therapeutic Group Care
- Therapeutic Camp Services
- Independent Living Services
- Residential Treatment Services
- Crisis Residential Services
- Inpatient Hospitalization

2. SOCIAL SERVICES

- Protective Services
- Financial Assistance
- Home Aid Services
- Respite Care
- Shelter Services
- Foster Care
- Adoption

3. EDUCATIONAL SERVICES

- Assessment & Planning
- Resource Rooms
- Self-Contained Special Education
- Special Schools
- Home-Bound Instruction
- Residential Schools
- Alternative Programs

4. HEALTH SERVICES

- Health Education & Prevention
- Screening & Assessment
- Primary Care
- Acute Care
- Long-Term Care

5. VOCATIONAL SERVICES

- Career Education
- Vocational Assessment
- Job Survival Skills Training
- Vocational Skills Training
- Work Experiences
- Job Finding, Placement & Retention Services
- Sheltered Employment

6. RECREATIONAL SERVICES

- Relationships with Significant Others
- After School Programs
- Summer Camps
- Special Recreational Projects

7. OPERATIONAL SERVICES

- Case Management
- Self-Help & Support Groups
- Advocacy
- Transportation
- Legal Services
- Volunteer Programs

FROM A SYSTEM OF CARE FOR SEVERELY EMOTIONALLY DISTURBED CHILDREN AND YOUTH.